

TOWN OF DAVIE
OCCUPATIONAL
LICENSE DIVISION

6591 SW 45 ST
DAVIE, FL 33314
(954) 797-1112

PEDDLER / SOLICITOR / SEASONAL SALES APPLICATION

DATE 10/6/99 FILING FEE exempt RECEIPT # 412654 RECEIVED BY SS

License # _____ Control # _____ Date Issued _____

APPLICANTS NAME: Davie Merchants Industrial Assn. Inc. Edna Moore (Sect + Director)

ADDRESS: 4420 SW 64 Ave, Davie, FL 33314

PHONE NUMBER: Edna 792-5932, Jo 5830011 Fax 5831448

LOCATION SITE: 2701 N University Dr. Davie FL 33024

SE corner Davie Rd. Krttr University Drive (AKA Hima Properties)

HOW LONG DO YOU DESIRE TO DO BUSINESS IN THE TOWN OF DAVIE: Dec. 18 thru Dec 31

DESCRIBE THE NATURE OF YOUR BUSINESS/GOODS TO BE SOLD: Fireworks
under canopy

PERSONAL INFORMATION: Date of Birth 7/23/22 Birth Place Guntersville, Ala. Race W
Sex F Hair DK Auburn Eyes Blue Weight 160 Height 5'5" Age 77
Social Security Number 264-416-0231 Driver License Number M600-208-22-763-09

LIST ANY CHANGES OF ADDRESS WITHIN THE PAST FIVE YEARS: NONE

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, MISDEMEANOR, OR VIOLATION OF ANY MUNICIPAL ORDINANCE? IF YES, STATE NATURE OF OFFENSE AND THE PUNISHMENT OF PENALTY ASSESSED N/D

NAME OF PRESENT EMPLOYER AND ADDRESS: Self employed
lic Real Estate Broker & Owner - Blue Chip Properties

VEHICLE INFORMATION: VIN # 1N1BR18E9WZ013489 Year 1998
Tag # FE854H Make 4d Toyota Model Corolla (white)

The following are required at the time of application:

- | | | |
|---|--|--|
| <input type="checkbox"/> Health Department Permit | <input checked="" type="checkbox"/> Property Owners Approval | <input checked="" type="checkbox"/> Certificate of Insurance no less than \$1,000,000.00 |
| <input checked="" type="checkbox"/> Fingerprints | <input checked="" type="checkbox"/> \$50.00 Clean Up Bond | <input checked="" type="checkbox"/> References from two Broward County Property Owners |
| <input checked="" type="checkbox"/> Surety Bond of \$1,000.00 | <input checked="" type="checkbox"/> Proof of Portable Toilet | <input checked="" type="checkbox"/> 2"x 2" Photograph (taken 60 days prior to application) |
| <input checked="" type="checkbox"/> Proof of Sales Tax Number | <input checked="" type="checkbox"/> Parking available | <input checked="" type="checkbox"/> State License |
| | | <input checked="" type="checkbox"/> Letter from owner of fees |

I acknowledge that the above marked attachments are required for submission of this application. I have received a copy of section 17 of the Town of Davie Code and acknowledge the restrictions of same.

Edna Moore, Secretary + Director
Print Applicant's Name And Title

Edna Moore
Applicant's Signature

Planning & Zoning Approval _____

Date

Police Department Approval _____

Date

Fire Department Approval _____

Date

Code Enforcement Approval _____

Date

Town Clerk/Council Approval _____

Date

(Town Council Approval Needed for Seasonal Sales)

Effective Date 09/97